



# HAYDEN

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## SHOW JUMPING

Dear Potential Client,

Thank you for your interest in our winter camp program. We have had the privilege of teaching horsemanship to hundreds of wonderful students over the past several winters. Our team looks forward to another successful year in 2017. In order to reserve your spot, please fill out and return the following forms:

- **General Information Form**
- **Riding Session Questionnaire**
- **Release for NG Ranch Owners Association**
- **Medical Release-Minor**
- **Authorization for Agent to Consult Medical Treatment**
- **Agreement to Permit Use of Likeness**
- **Emergency Contact Form**
- **Credit Card Form (or mail check)**

There are three ways you can return the forms to us:

- 1. E-mail them to [megan@mickeyhayden.com](mailto:megan@mickeyhayden.com)**
- 2. Fax your forms to (949)448-0832.**
- 3. Mail them to MH Equine, 28241 Crown Valley Pkwy Suite F447, Laguna Niguel, Ca. 92677.**

You will receive a confirmation e-mail after we collect your paperwork. Additionally, you will be sent a general information e-mail (i.e. the weekly schedule, what to wear, what to bring, etc.) approximately 2 weeks before camp starts.

Please call (949)448-0823 and ask for Megan if you have any questions.

Thank you very much,

MH Equine Staff



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### 2017 Winter Camp Information Form

Camper's Name: \_\_\_\_\_

Camper's Age: \_\_\_\_\_

**Camper Release Forms Checklist:** (Fill out these and return with Enrollment Form.)

NG \_\_\_\_\_ Hayden \_\_\_\_\_ Medical \_\_\_\_\_ Publicity \_\_\_\_\_ Riding Camp Questionnaire \_\_\_\_\_

**Parent(s) or Legal Guardian(s)**

Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_  
(w) \_\_\_\_\_ (c) \_\_\_\_\_

Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_  
(w) \_\_\_\_\_ (c) \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact:** (if Parents or Legal Guardians cannot be reached)

Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_  
(w) \_\_\_\_\_ (c) \_\_\_\_\_

Please circle the camp session(s) you would like to attend. The camps are Monday through Friday from 9:00am-1:00pm. A non-refundable deposit of \$100 per session is due with this application. Your reservation will **not** be held without enrollment fee(s) and completed enrollment forms. If camps are full, please inquire about our waitlist.

Session 1: December 27-29

Session 2: January 2 - 4

**Camp Confirmation:** You will receive an e-mail confirming your camp session(s), friendly reminder schedule and important information you should know. Please include your **Email address here:**

\_\_\_\_\_

**Camp Session Price:** \$275. The remaining balance of \$175 per session, is due **two weeks prior to start of camp session.** Refunds will only be issued with proof of Doctor's excuse.

**Camp Deposit Policy:** Deposit of \$100 is NON-REFUNDABLE unless another student can take your spot.

**Checks:** Make payable to *MH Equine Inc.*



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### 2017 Riding Session Questionnaire

Camper's Name: \_\_\_\_\_ Session: \_\_\_\_\_

**MANDATORY:** Age: \_\_\_\_\_ years Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs. Youth Shirt Size: \_\_\_\_\_

**Please answer the following questions in as much detail as possible:**

1. Have you ever ridden a horse before? Yes / No

If yes, please circle all that apply:

Trail Rides    Western    English    Bareback    Vaulting    Jumping    Showing

How often did you do these activities \_\_\_\_\_

2. Are you comfortable handling horses? (Leading, Brushing, Tacking, Bathing, etc.) Please describe any experiences:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever taken riding lessons before? Yes / No

If yes, how often did you take lessons? \_\_\_\_\_

When/where did you last ride? \_\_\_\_\_

Describe in detail your riding experiences (lessons, shows, play-days, etc.):

\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any physical or emotional concerns which may require special attention during our camp session? Yes / No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been to a riding camp before? Yes / No

If yes, where was the camp? \_\_\_\_\_

Please describe your experience: \_\_\_\_\_

6. Have you ever jumped before? Yes / No

Please check all that apply: Crossrails \_\_\_\_\_ Verticals \_\_\_\_\_ Oxers \_\_\_\_\_

What height have you jumped? \_\_\_\_\_ feet \_\_\_\_\_ inches

7. How did you hear about our riding camp? \_\_\_\_\_



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### WAIVER AND RELEASE OF LIABILITY ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AGREEMENT

I, the undersigned adult listed below, am at least 18 years of age. I understand that this waiver and release of liability acknowledgement and assumption of risks agreement is made between Mickey Hayden Equine Management ("MHEM"), of 28241 Crown Valley Pkwy., Suite F447, Laguna Niguel, California 92677, and

\_\_\_\_\_ ("Rider"), residing at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip) and  
\_\_\_\_\_ ("Rider's Mother"), residing at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip)

and \_\_\_\_\_ ("Rider's Father"), residing at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip) as of

\_\_\_\_\_. Rider's Mother and Rider's Father shall be collectively referred to as "Rider's Parents." (If Rider is age 18 or older, Rider need not have Rider's Parents enter into this Agreement but must provide signed agreement.)

#### **Rider's and Rider's Parents' Assumption of Risks and Agreement to Hold MHEM Harmless.**

**1. Risk of Loss or Damage to Rider's and Rider's Parents' Property.** Rider and Rider's Parents understand that bringing personal property, such as tack, equipment, feed, automobiles or horse trailers, to any stable, including the lesson facility, is inherently risky. For example, property may be damaged or stolen by other riders, rodents and other wild animals, horses, weather conditions, earthquakes or fire. **Rider and Rider's Parents understand and expressly assume all risks of bringing personal property to the lesson facility, including the risk that the MHEM Parties may be negligent. Accordingly, Rider and Rider's Parents agree to hold the MHEM Parties harmless for loss of or damage to Rider's and Rider's Parents' property. Rider and Rider's Parents understand and agree that they are solely responsible for safeguarding and insuring their own property.**

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

**2. Risk of Injury or Death to Rider and Rider's Parents.** Rider and Rider's Parents understand that horse-related activities, even under the supervision of an equine professional, are inherently dangerous and expressly assume the risks associated with handling, caring for and riding horses at the lesson facility, as part of MHEM's lesson program, and otherwise pursuant to this Agreement. Rider and Rider's Parents understand that horses are inherently unpredictable animals and



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even the most docile horse may occasionally bolt, spook, buck, rear, bite, kick, pull back or otherwise act in such a way that may injure Rider, Rider's Parents or others. The lesson facility may contain defects. For example, footing at the lesson facility, including round pen and arena footing, can contain holes, rocks, uneven portions or otherwise be unpredictable. **Rider and Rider's Parents expressly assume all risks of engaging in horse-related activities pursuant to this Agreement, including the risk that the MHEM Parties may be negligent. Accordingly, Rider and Rider's Parents agree upon behalf of themselves, their heirs, guardians and legal representatives, not to sue the MHEM Parties or otherwise make a claim against such parties in connection with any injury or death occurring in connection with this Agreement.**

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

**3. Risk of Loss of or Injury to Rider's Horse.** Rider and Rider's Parents understand that using Rider's horse in any lesson program, including MHEM's program, is inherently risky. For example, in common areas of the lesson facility, such as arenas, tie racks and wash racks, other horses could bite, kick, run into or otherwise injure Rider's horse. Rider's horse may catch diseases or other contagious conditions from other horses at the lesson facility. Farm machinery, traffic or other hazards at the lesson facility may spook Rider's horse. In wet or cold weather, the lesson facility, including round pens and arenas, may become muddy or slippery, injuring Rider's horse. The lesson facility may contain defects. For example, footing at the lesson facility, including round pen and arena footing, can contain holes, rocks, uneven portions or otherwise be unpredictable. As at any riding lesson facility, there is always a risk of fire or theft. Each horse is an individual and accordingly, Rider's horse may react unexpectedly to MHEM's training methods, causing injury to or loss of Rider's horse. **Rider and Rider's Parents understand and expressly assume all risks of having Rider's horse participate in MHEM's lesson program, including the risk that MHEM, MHEM's owners, officers, directors, shareholders, employees, contractors or agents, and the lesson facility where MHEM provides lessons and its owners, officers, directors, shareholders, employees, contractors or agents (collectively, the "MHEM Parties") may be negligent. Accordingly, Rider and Rider's Parents agree to hold the MHEM Parties harmless for loss of or injury to Rider's horse.**

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

**4. Waiver of Unknown Claims.** Rider and Rider's Parents understand that applicable state laws or regulations may contain provisions designed to prevent Rider and Rider's Parents from waiving claims that are unknown to Rider or Rider's Parents at the time they agree to a waiver of claims. Rider and Rider's Parents agree to waive all rights that they might otherwise have under such laws or regulations. Rider and Rider's Parents, on behalf of himself/herself and Rider, hereby expressly waives any and all rights and benefits conferred upon Rider by SECTION 1542 OF THE CALIFORNIA CIVIL CODE, which provides: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Rider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rider's Parent's Name: \_\_\_\_\_

Rider's Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Release and Indemnification for Nellie Gail Ranch Owners Association

I, \_\_\_\_\_, acknowledge that I am voluntarily participating in horseback riding, horse care, and activities in connection therewith.

I am aware that horses are unpredictable and have been known on frequent occasions to buck, rear, stumble, become frightened, bolt, bite, and kick bystanders and riders, and have caused substantial personal injury and property damage and therefore, I understand that all activities associated with horses are considered hazardous activities. I am voluntarily participating in these horse-related activities with full knowledge of the dangers involved and do hereby agree to accept any and all risks of injury and death, and verify this statement by signing this document below.

I hereby agree for myself, my heirs, representatives, and assigns to fully and forever release and discharge NELLIE GAIL RANCH OWNERS ASSOCIATION ("Association"), a California non-profit corporation, its directors, officers, employees, assistants, representatives, and their heirs and assigns, from any and all claims, demands, damages, right of action, losses, causes of action, and liability arising out of or from accidents, injuries, and other damages, sustained directly or indirectly, from my participation in horse-related activities, sustained or caused by me, my relatives, and guests, relating to or arising out of my activities at the facilities of "Association".

I hereby agree to indemnify, defend and hold harmless "Association", its directors, officers, employees, assistants, representatives and their heirs and assigns, from and against any and all claims, demands, damages, rights of action, losses, causes of action and liability, including attorneys' fees and court costs, arising out of or from my participation in horse-related activities at the facilities of the "Association".

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**Participant**

**Dated**

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**Parent or Guardian (if under age 18)**

**Dated**

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**Emergency Contact**

**Phone Number**



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### Medical Release - Minor

I, the undersigned, being the parent or guardian of \_\_\_\_\_, a minor child whose birth date is \_\_\_\_\_, state that:

I have engaged MH Equine to provide training and/or lessons for my child in the riding of horses. I recognize that horses are unpredictable by nature and therefore any involvement with horses has certain risks and the possibility of physical injury. On behalf of my child and my family, I assume such risk and release MH Equine, their agents, employees, and owners of horses used in the program from liability in the event of any physical injury suffered while participating in horse related activities. This release includes riding done on the premises operated by Mickey Hayden or at horse shows, wherever located, whether Mickey Hayden, his agents, or employees are present or not.

I also agree and acknowledge that hard hats are to be worn when riding and proper footwear is to be worn at all times.

I further specifically give consent to any examination, x-ray, anesthetic, medical/surgical diagnosis or treatment and/or hospital service that may be rendered to my child in the event of any medical emergency occurring, under the general or specific instruction of any reputable physician designated by Mickey Hayden, his agents, or employees. This consent is given whether such diagnosis or treatment is rendered at the facilities of MH Equine, at the office of the physician, or at the hospital. It is understood that this consent is given in advance, to authorize emergency treatment if I am not available personally, therefore enabling such physician to use his best judgment as to the requirement of my child's diagnosis and treatment.

**Please Print Legibly – this information will be used in case of emergency and we must be able to read it!!**

Name of Family Physician: \_\_\_\_\_

Child is allergic to the following medications: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In emergency please notify:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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### AUTHORIZATION FOR AGENT

### TO CONSENT TO MEDICAL TREATMENT OF A MINOR

I, \_\_\_\_\_, am the lawful parent or guardian of  
\_\_\_\_\_ (“Child”) and have all legal rights to enter into this Agreement on behalf of  
Child.

I hereby authorize Mickey Hayden, Lane Clark, April Branson, and the trainers and staff at MH Equine, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care of \_\_\_\_\_ deemed advisable by a licensed physician and surgeon and provided by that physician or under that physician’s supervision, regardless of where that treatment is provided.

This authorization is made under California Family Code § 6910.

I agree to be solely responsible for the costs of all treatment administered to Child pursuant to this Authorization, whether or not covered by my insurance.

**Signature:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

Please specify relationship to minor:

parent with legal custody

guardian with legal custody



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### AGREEMENT TO PERMIT USE OF LIKENESS

In consideration for my participation in the MH Equine program, I agree as follows:

I hereby irrevocably grant to MH Equine the right to (a) videotape, film, and photograph me and my actions, and record my voice, and (b) to use my name, any photograph or other recording of me or my voice, or any actual or simulated likeness of me (collectively, the "Material"). I understand that MH Equine may use such Material in connection with marketing MH Equine, fund raising or other activities that benefit MH Equine. I agree that MH Equine may use the Material for such purposes.

I represent and warrant that I have the full right, power and authority to enter into this Agreement and to grant all rights granted hereunder. If I am under the age of 18 or otherwise not competent to execute this Agreement, my parent(s) or legal guardian(s) will co-sign this Agreement, and together we will have the right, power and authority to enter into this Agreement and grant all rights granted hereunder.

AGREED AND ACCEPTED on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Consent of Parent or Guardian (if applicable)**

I represent and warrant that I am the parent or legal guardian of \_\_\_\_\_ ("Rider"), whose name and signature appear above. I hereby fully consent to and approve the execution of this Agreement by Rider and acknowledge that I have read and am familiar with each and all of the terms and conditions contained in it.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_



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## SHOW JUMPING

### Emergency Contact Form MH Equine Inc. / Hayden Show Jumping

#### Rider's Information:

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: ( ) \_\_\_\_\_  
Alternate telephone number: ( ) \_\_\_\_\_  
Fax number: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

#### Rider's Emergency Contact:

Name: \_\_\_\_\_  
Telephone number: ( ) \_\_\_\_\_  
Alternate telephone number: ( ) \_\_\_\_\_  
Fax number: ( ) \_\_\_\_\_  
Relationship to Rider (e.g., parent or spouse): \_\_\_\_\_

#### Rider's Alternate Emergency Contact:

Name: \_\_\_\_\_  
Telephone number: ( ) \_\_\_\_\_  
Alternate telephone number: ( ) \_\_\_\_\_  
Fax number: ( ) \_\_\_\_\_  
Relationship to Rider (e.g., parent or spouse): \_\_\_\_\_

#### Physician Contact Information:

Physician Name: \_\_\_\_\_  
Physician Phone Number: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Health Insurance:

Company Name: \_\_\_\_\_  
Insured Name: \_\_\_\_\_  
Plan ID: \_\_\_\_\_ Group Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_



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## SHOW JUMPING

**Please fill out this form if you would like to pay with a credit card.**

**Credit Card Payment:** By providing your credit card information below, you authorize MH Equine Inc. to charge the \$100 deposit per camp session, and charge your credit card from the information included below for the remaining balance of \$175 per camp session two weeks prior to the start of the camp session for a total of \$275.

**We accept Visa and MasterCard**

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVC# \_\_\_\_\_

Authorized Cardholder Signature: \_\_\_\_\_

Name on credit card (please print): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Name and phone number to call regarding credit card if problems arise when we need to charge the card:

\_\_\_\_\_